



Let's Go Apple Picking!

Dear Parents/Guardians,

We are excited to announce that the **entire Elihu Greenwood Leadership Academy** is going apple picking. **All grades K2-5** will be going to **Honey Pot Hill Orchards in Stowe, MA** on **September 22, 2010**.

Every child will need to return a **signed permission slip** in order to attend this field trip. We are also asking each child send in **\$15.00** to cover the cost of apple picking and assist our school in paying for school buses. Each child will receive:

- ☺ A bag of apples
- ☺ Apple Cider & Donuts
- ☺ A pumpkin

All permission slips and money are due by Friday, September 17th.

All students should wear their school uniform with comfortable shoes. The students will be going on a hay ride and walking through apple orchards to pick their apples.

School lunches will be provided for every child. However, if your child will be bringing their own lunch please follow these guidelines.

- ☺ Brown bag lunch (no lunchboxes)
- ☺ No Tupperware or glass containers
- ☺ **No PEANUT products**
- ☺ Everything should be disposable

If you have any questions or concerns
please speak to your child's teacher.

FIELD TRIP PARENT PERMISSION FORM

School Name: **Elihu Greenwood Leadership Academy**

Today's Date: **September 8, 2010**

I, as parent or guardian, give permission for _____
(Student's first and last name)

Room: _____, to attend **Honey Pott Hill Orchards, Stowe, MA** on **September 22, 2010**
(event and place) (date)

From: **10:00am** Until **2:30pm** for _____
(time) (time)

Description of Activity/Activities (Be Specific):

PARENTAL APPROVAL

YES

NO

(Please check one)

Apple Picking

☐☐

Apple Cider & Donuts

☐☐

Hay Ride

☐☐

Pick a Pumpkin

☐☐

1. Mode of transportation: **School Bus**

2. Will leave from: **Elihu Leadership Academy**
(where)

3. Students will return to: **Elihu Greenwood Leadership Academy** about **2:30pm**
(where) (time)

Teacher in Charge: _____

Students will be accompanied by an appropriate number of adults: teachers, aides, parents, or school volunteers.

I understand that my son/daughter will be obliged to abide by the School-Based Rules and by the Code of Discipline while participating in this field trip.

In the event of serious illness or injury to my child/ward, I expressly consent to the administration of emergency medical care, if in the opinion of attending medical personnel, such action is advisable. Further, I authorize _____, to act on my behalf as parent of my child/ward while participating in the above described trip.

Please check the appropriate box:

My child **DOES** require medication during this authorized field trip. ☐

My child **DOES NOT** require medication during this authorized field trip. ☐

If needed, I hereby authorize dispensation of medication by trained, non-nursing school personnel in an emergency and/or life threatening situation or as prescribed by my child's primary provider. I further understand that such trained staff must be present for the administration of medication during this trip.

I have read this Permission Slip and understand its terms. I sign it voluntarily and with full knowledge of its significance.

Parent's/Guardian's Signature _____

Relationship to Minor _____

Address _____

Apt. # Street City State Zip Code

Current Telephone (Home) _____

Current Telephone (Business) _____

N.B. Signed Parent Permission Form must be filed in the school office. A copy should be carried by the teacher on the field trip.